



**Circuit Court for** \_\_\_\_\_ **Case No.** \_\_\_\_\_  
City or County

In the Matter of

\_\_\_\_\_  
Name of Minor or Disabled Person

**INVENTORY**  
**(Rule 10-707(a))**

**Part I.**

The FIDUCIARY ESTATE now consists of the following assets:

(attach additional sheets, if necessary; each item listed shall be valued by the fiduciary at its fair market value, as of the date of the appointment of the fiduciary or the assumption of jurisdiction by the court; unless the court otherwise directs, it shall not be necessary to employ an appraiser to make any valuation; state amount of any mortgages, liens, or other indebtedness, but do not deduct when determining estimated fair market value)

**A. REAL ESTATE**

(State location, liber/folio, balance of mortgage and name of lender, if any)

**ESTIMATED FAIR  
MARKET VALUE**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**TOTAL** \_\_\_\_\_

**B. CASH AND CASH EQUIVALENTS**

(State name of financial institution, account number, and type of account)

**PRESENT FAIR  
MARKET VALUE**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**TOTAL** \_\_\_\_\_

**C. PERSONAL PROPERTY**

(Itemize motor vehicles, regardless of value; describe all other property generally if total value is under \$1,500; state amount of any lien; itemize, if total value is over \$1,500)

**ESTIMATED FAIR  
MARKET VALUE**

|       |       |
|-------|-------|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

**TOTAL** .....

**D. STOCKS**

(State number and class of shares, name of corporation)

**PRESENT FAIR  
MARKET VALUE**

|       |       |
|-------|-------|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

**TOTAL** .....

**E. BONDS**

(State face value, name of issuer, interest rate, maturity date)

**PRESENT FAIR  
MARKET VALUE**

|       |       |
|-------|-------|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

**TOTAL** .....

**F. OTHER**

(Describe generally, e.g., debts owned to estate, partnerships, cash value of life insurance policies, etc.)

**ESTIMATED FAIR  
MARKET VALUE**

|       |       |
|-------|-------|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

**TOTAL** .....

Part II.

**INFORMATION REPORT**

(1) Are there any assets in which the minor or disabled person holds a present interest of any kind together with another person in any real or personal property, including accounts in a credit union, bank, or other financial institution?

☐ NO ☐ YES If yes, give the following information as to all such property:

| <u>Name, Address, and<br/>Relationship of Co-Owner</u> | <u>Nature of Property</u> | <u>Description of Interest</u> | <u>Total Value of<br/>Property</u> |
|--|---------------------------|--------------------------------|------------------------------------|
| .....  | .....                     | .....                          | .....                              |
| .....  | .....                     | .....                          | .....                              |
| .....  | .....                     | .....                          | .....                              |
| .....  | .....                     | .....                          | .....                              |

(2) Does the minor or disabled person hold an interest less than absolute in any other property which has not been disclosed in question (1) and has not been included in the inventory (e.g., interest in a trust, a term for years, a life estate)?

☐ NO ☐ YES If yes, give the following information as to each such interest:

| <u>Description of Interest and Amount or Value</u> | <u>Date and Type of Instrument Establishing Interest</u> |
|--|--|
| -----  | -----  |
| -----  | -----  |
| -----  | -----  |
| -----  | -----  |

### **VERIFICATION**

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

|                                       |                    |                                     |                    |
|---------------------------------------|--------------------|-------------------------------------|--------------------|
| -----<br>Signature of the Fiduciary   | -----<br>Date      | -----<br>Signature of the Fiduciary | -----<br>Date      |
| -----<br>Address                      |                    | -----<br>Address                    |                    |
| -----<br>City, State, Zip             | -----<br>Telephone | -----<br>City, State, Zip           | -----<br>Telephone |
| -----<br>Name of Fiduciary's Attorney |                    |                                     |                    |
| -----<br>Address                      |                    |                                     |                    |
| -----<br>City, State, Zip             |                    |                                     |                    |
| -----<br>Fax                          | -----<br>E-mail    | -----<br>CPF ID No.                 |                    |